2003 FOR PROFIT CORPORATION

Apr 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P94000075474 DOCUMENT # 1. Entity Name 04-10-2003 90076 026 ***150.00 THRIFT & TREASURE, INC. Mailing Address Principal Place of Business 14119 SW 142ND AVE 14119 SW 142ND AVE MIAMI FL 33186 MIAMI FL 33186 3. Mailing Address 2. Principal Place of Business 812 -C Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES # 13 Lawrence Spalek Applied For City & State 1202 12th Ct. 4. FEI Number 65-0540790 Jupiter, FL 33477 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPALEK SPALEK, LAWRENCE A Street Address (P.O. Box Number is Not Acceptable) THRIFT & TREASU THRIFT & TREASURE INC 14119 SW 142ND AVE COLD ADDRESS MIAMHEL 33186 UPITER 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. yped or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. SPALEK LAWRENCE MANAG-E'R -OWNER ☐ Change ☐ Delete TITLE NAME SPALEK, LAWRENCE A NAME THRIFT & TREASURE IN Lawrence Spalek STREET ADDRESS STREET ADDRESS 14119 SW 142ND AVE ADDRES OLD CITY-ST-ZIP MIAMIFE 33186 CITY-ST-ZIP ☐ Delete TITLE 1202 12th Ct. ☐ Addition TITLE Jupiter, FL 33477 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change --- - Addition-TITLE THE Detete ' NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition □ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if